

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 091838998 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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30							80						
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32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/838998 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							61						
10 2							62						
10 3							63						
10 4							64						
10 5							65						
10 6							66						
10 7							67						
10 8							68						
10 9							69						
11 10							70						
11 11							71						
11 12							72						
11 13							73						
11 14							74						
11 15							75						
11 16							76						
11 17							77						
11 18							78						
11 19							79						
11 20							80						
11 21							81						
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11 23							83						
11 24							84						
11 25							85						
11 26							86						
11 27							87						
11 28							88						
11 29							89						
11 30							90						
11 31							91						
11 32							92						
11 33							93						
11 34							94						
11 35							95						
11 36							96						
11 37							97						
11 38							98						
11 39							99						
11 40							100						
11 41													
11 42													
11 43													
11 44													
11 45													
11 46													
11 47													
11 48													
11 49													
11 50													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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